

## **Summary of Selected Public Comments Received by Government Oversight Committee on OPEGA's Final Report on Child Development Services**

At the Public Comment period for OPEGA's Report on Child Development Services, several organizations and individuals provided comments related to OPEGA's reported recommendations or made additional recommendations for improvements, including the Maine Developmental Disabilities Council (MDDC), the Disability Rights Center (DRC), the Maine Association for Community Service Providers (MACSP) and Alan Cobo-Lewis. A summary of those selected comments grouped by topic is provided below.

### **Budget and Financial Systems**

- Overall, there was general support for OPEGA's recommendations pertaining to efficient and effective management practices and improved financial and data systems.
- CDS should develop a budget based on actual need. (Mr. Cobo-Lewis)
- Supports OPEGA recommendation that CDS use the state accounting system to track expenditures and prepare budgets. (Mr. Cobo-Lewis)

### **Facilitating Oversight**

- To facilitate government oversight, require both MDOE and DHHS to report back to the Legislature on the effectiveness of referral systems for infants with disabilities. (Mr. Cobo-Lewis)
- Legislature should require, not just allow, reporting on CDS performance indicators by amending Title 20-A §7209 sub-§4 ¶D which outlines the reporting duties of the CDS director. (Replaces "may" with "must" in this section.) (Mr. Cobo-Lewis)
- The Legislature or Commissioner of Education should require the new interagency coordinating council to give ongoing input to the entire CDS system; Parts B and C. (Mr. Cobo-Lewis)
- The Legislature should support a review of the entire birth to five service system. (MACSP)

### **Centralized Contracting**

- The need for centralized provider contracts cannot be overemphasized. (DRC)
- Supports a central contracting function and welcomes an opportunity to discuss concepts such as negotiated rates and standard performance expectations. (MACSP)

## **Private Insurance**

- The Department of Education and CDS should work with the MDDC Council and the Bureau of Insurance to clarify the insurance mandate with private insurance carriers and the types of services that may be considered medically necessary. (MDDC)
- Develop guidance for state agencies and providers regarding how to establish and negotiate rates for new services with insurance companies. (MDDC)
- Consider incentives to encourage providers to bill new services through private insurance companies before billing CDS. (MDDC)
- MDOE and CDS should conduct an analysis that looks back to January 2011 to ensure that private health insurance has been billed as appropriate for services they cover (which the family has consented to accessing). (Mr. Cobo-Lewis)
- Recognize that families with private insurance coverage will withhold authorization for their insurance to be billed in order to preserve that source of payment for therapies their children may need during the summer that will not be provided through CDS because of a determination that they are not “educationally necessary.” (MDDC)
- CDS should more specifically classify services provided, not simply use the term “developmental therapy,” to allow easier identification of services that can and should be billed to appropriate third party payers. (MDDC)

## **Part C - Sliding Fee Scale**

- Carefully consider implementing a sliding fee scale for birth to three year olds to ensure fees do not become a disincentive to obtaining early intervention services. (MDDC)
- A fee scale should take into consideration families who have more than one child with a disability or developmental delay. (MDDC)
- MDDC agrees with OPEGA that overall costs and benefits of a sliding fee scale should be considered. (MDDC)
- A sliding fee scale should consider (Mr. Cobo-Lewis)
  - Modest fees
  - Reduce or even waive fees for families that consent to CDS accessing their private insurance
  - Slide fairly down as family size increases
  - CDS and MDOE work with stakeholder groups including MDDC and DRC of Maine in designing a fee scale and informed consent forms.

## **Part C - Primary Service Provider Model**

- Adhering to the Primary Service Provider model has forced an increase in CDS direct service employees in part because private providers found it difficult to cost effectively deliver services in the natural environment. At the same time, the model reduced CDS' ability to bill MaineCare for Part C services because less direct services are provided to the children. This is distinct from the financial impact of recent MaineCare changes. (DRC)
- The Primary Service Provider model (described on page 26 of OPEGA's report), will probably make it difficult to bill insurance companies for services under the Autism Insurance Bill (PL 2009 Chapter 635) because services must be provided directly to the child to be billable. (MDDC)

## **Service Coordination and Monitoring Service Delivery**

- CDS' inability to compare services delivered to services identified in a child's plan when those services are billed directly to MaineCare lead to unnecessary costs and harms children in the process. (DRC)
- There is a lack of coordination between MDOE and DHHS on early intervention services and MaineCare coverage for those services provided by CDS and other early intervention service providers. (MDDC)
- Ensure a clear understanding of the needs of each child and that every effort is being made to ensure maximum communication and collaboration between providers and CDS and between State agencies. (MDDC)
- Focus on how, where and by whom services are delivered, not just what services are delivered. (DRC)
- Ensure MaineCare does not deny claims for MaineCare covered services just because those services are not on a child's Individual Family Service Plan (IFSP) or Individual Education Plan (IEP). (Mr. Cobo-Lewis)
- The same system recommended by OPEGA to track potential "overprovision" of services should be used to ensure that children receive all the services on their IFSPs or IEPs. (Mr. Cobo-Lewis)

## **Service Effectiveness**

- CDS should look at how effective CDS interventions are and what management processes will be put in place to promulgate effective interventions. (Mr. Cobo-Lewis)
- Track the effectiveness of various interventions for similarly situated children in CDS and use the results to promulgate effective practices. (Mr. Cobo-Lewis)

- Welcomes a relationship with CDS that holds providers to standards that include quality and cost measures. A comparison of costs and effectiveness of services provided by CDS and private providers must be based on a level playing field. (MACSP)

### **Resource and Budget Considerations**

- Maine's rural nature exacerbates CDS' service delivery difficulties and site consolidation has increased transportation challenges for everyone. (DRC)
- CDS needs sufficient resources to implement OPEGA's recommendations and time and resources to adequately train CDS staff at all levels or there is substantial risk that reduction of services for children will be the sole means by which costs will be cut and CDS may fail to meet its federal and state obligations. (DRC)
- Recognize that CDS, unlike public schools, does not have a foundation of resources to serve as a jumping off point from which to meet federal and state special education obligations. (DRC)
- Consider Part C and Part B programs separately as they are distinct in federal funding, regulation, structure and purpose. (DRC)

### **Direct Services Provided by CDS**

- CDS has a critical need to develop systems and skill sets to improve its financial and analytical capabilities, but there is a conflict of interest when the public entity is providing the same services it is charged with overseeing for fiscal and programmatic compliance. (MACSP)
- CDS should develop oversight and compliance systems, not devote resources to new processes for public employees when there is a system in place and working for private direct service providers. (MACSP)
- CDS should focus on Child Find (with assessment and referral), data collection, quality standards, and cost management to create a system that is accountable to the public, using public dollars efficiently and in compliance with state and federal requirements. (MACSP)